

County: Eau Claire
AUGUSTA AREA NURSING HOME
215 E BROWN ST
AUGUSTA

Facility ID: 1160

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54722 Phone:(715) 286-2266
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 61
Total Licensed Bed Capacity (12/31/04): 61
Number of Residents on 12/31/04: 57

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 57

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		35.1	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		49.1	
Supp. Home Care-Personal Care	No	Developmental Disabilities	3.5	Under 65	3.5	More Than 4 Years		15.8	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	38.6	65 - 74	7.0			-----	
Day Services	No	Mental Illness (Other)	8.8	75 - 84	31.6			100.0	
Respite Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	45.6	*****			
Adult Day Care	Yes	Para-, Quadra-, Hemiplegic	1.8	95 & Over	12.3	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	0.0		100.0	(12/31/04)			
Home Delivered Meals	Yes	Cardiovascular	14.0	65 & Over	96.5	-----			
Other Meals	No	Cerebrovascular	3.5		-----	RNs		9.3	
Transportation	No	Diabetes	3.5	Gender	%	LPNs		4.7	
Referral Service	Yes	Respiratory	1.8		-----	Nursing Assistants,			
Other Services	No	Other Medical Conditions	24.6	Male	33.3	Aides, & Orderlies			
Provide Day Programming for			-----	Female	66.7	33.6			
Mentally Ill	No		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care		Managed Care						
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	75.0	128	3	5.3
Skilled Care	1	100.0	268	31	81.6	109	0	0.0	0	14	100.0	125	0	0.0	0	1	25.0	109	47	82.5
Intermediate	---	---	---	7	18.4	91	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	7	12.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	1	100.0		38	100.0		0	0.0		14	100.0		0	0.0		4	100.0		57	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	20.0	Bathing	3.5	87.7	8.8	57
Private Home/With Home Health	0.0	Dressing	26.3	68.4	5.3	57
Other Nursing Homes	17.8	Transferring	40.4	45.6	14.0	57
Acute Care Hospitals	60.0	Toilet Use	36.8	49.1	14.0	57
Psych. Hosp.-MR/DD Facilities	0.0	Eating	71.9	24.6	3.5	57
Rehabilitation Hospitals	0.0	*****				
Other Locations	2.2	Continence		%	Special Treatments	%
Total Number of Admissions	45	Indwelling Or External Catheter	1.8	Receiving Respiratory Care		5.3
Percent Discharges To:		Occ/Freq. Incontinent of Bladder	36.8	Receiving Tracheostomy Care		0.0
Private Home/No Home Health	28.6	Occ/Freq. Incontinent of Bowel	12.3	Receiving Suctioning		0.0
Private Home/With Home Health	19.0			Receiving Ostomy Care		0.0
Other Nursing Homes	2.4	Mobility		Receiving Tube Feeding		0.0
Acute Care Hospitals	9.5	Physically Restrained	1.8	Receiving Mechanically Altered Diets		24.6
Psych. Hosp.-MR/DD Facilities	0.0			*****		
Rehabilitation Hospitals	0.0	Skin Care		Other Resident Characteristics		
Other Locations	2.4	With Pressure Sores	0.0	Have Advance Directives		98.2
Deaths	38.1	With Rashes	0.0	Medications		
Total Number of Discharges				Receiving Psychoactive Drugs		64.9
(Including Deaths)	42					

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 50-99 Peer %	Ratio	Licensure: Skilled Peer %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.4	93.1	1.00	89.0	1.05	90.5	1.03	88.8	1.05
Current Residents from In-County	71.9	86.2	0.83	81.8	0.88	82.4	0.87	77.4	0.93
Admissions from In-County, Still Residing	24.4	33.0	0.74	19.0	1.28	20.0	1.22	19.4	1.26
Admissions/Average Daily Census	78.9	79.1	1.00	161.4	0.49	156.2	0.51	146.5	0.54
Discharges/Average Daily Census	73.7	78.7	0.94	163.4	0.45	158.4	0.47	148.0	0.50
Discharges To Private Residence/Average Daily Census	35.1	29.9	1.17	78.6	0.45	72.4	0.48	66.9	0.52
Residents Receiving Skilled Care	87.7	89.7	0.98	95.5	0.92	94.7	0.93	89.9	0.98
Residents Aged 65 and Older	96.5	84.0	1.15	93.7	1.03	91.8	1.05	87.9	1.10
Title 19 (Medicaid) Funded Residents	66.7	73.3	0.91	60.6	1.10	62.7	1.06	66.1	1.01
Private Pay Funded Residents	24.6	18.3	1.35	26.1	0.94	23.3	1.06	20.6	1.19
Developmentally Disabled Residents	3.5	2.7	1.31	1.0	3.40	1.1	3.13	6.0	0.58
Mentally Ill Residents	47.4	53.0	0.89	34.4	1.38	37.3	1.27	33.6	1.41
General Medical Service Residents	24.6	18.6	1.32	22.5	1.09	20.4	1.20	21.1	1.17
Impaired ADL (Mean)	36.8	47.5	0.78	48.3	0.76	48.8	0.75	49.4	0.75
Psychological Problems	64.9	69.4	0.94	60.5	1.07	59.4	1.09	57.7	1.13
Nursing Care Required (Mean)	3.7	7.4	0.51	6.8	0.55	6.9	0.54	7.4	0.50